



**Increasing Access
for the
Uninsured and Underinsured
in
King County**

**Findings and Recommendations
of the
EXPERT PANEL**

July 2007

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Increasing Access to Quality Health Care among the Uninsured and the Underinsured in King County

Background

Public Health Operational Master Plan

King County is currently in the process of completing a Public Health Operational Master Plan. This Plan describes the three primary functions of Public Health – Seattle & King County -- promotion, protection, and provision -- and sets priorities for the next four years. Public Health – Seattle & King County will pursue these priorities through assessment, policy development, and assurance activities.

In addition, the Plan provides guidance on the principles that should underlie King County's public health functions, including efforts to expand access to health care for those who are uninsured or underinsured. The guiding principles affirm that the system should be centered on the community, driven by social justice, based in science and evidence, and focused on prevention.

The Role of the Expert Panel

Public Health - Seattle & King County convened an Expert Panel in April 2007 to develop recommendations regarding how King County can work collaboratively with the community to strengthen the community health safety net and improve access to health care for children and adults who are either uninsured (have no insurance coverage at all) or underinsured (have inadequate insurance to cover health care needs and face barriers to health care).

The Expert Panel, comprising individuals with expertise in a broad array of health care and social services, held four highly productive meetings to develop the information and recommendations that appear in this report.

Expert Panel Deliberations Process

The Expert Panel met four times over the course of three months. During these sessions, the panel discussed the elements critical to addressing the problem of access to care for uninsured and underinsured children and adults in King County. The most important steps in their process included:

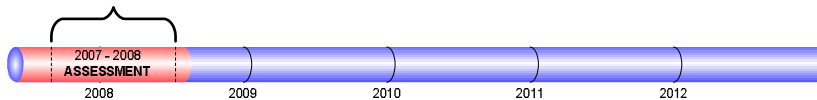
- ④ Analysis of the profile of uninsured and underinsured children and adults in King County, including age, income, language, employment status, and other factors
- ④ Identification of barriers to care for different types of uninsured and underinsured children and adults (summarized in the matrix that appears in Appendix I)
- ④ Examination of the current capacity of the health care safety net, including system stressors such as high levels of uncompensated care, challenges recruiting physicians, inappropriate utilization of emergency rooms, and other related issues
- ④ Review of innovative approaches in place in other communities, e.g., the innovations in the practice model the Southcentral Alaska Foundation and Alaska Native Medical Center have implemented
- ④ Research into promising approaches that policymakers, research groups, and community-based processes have identified (summarized in the matrix that appears in Appendix I)
- ④ Identification of major system changes that impact the provision and financing of health care, including the Governor's Blue Ribbon Commission, the Washington State Mental Health Division's Transformation Initiative, and other important initiatives that impact health care
- ④ Recognition of the important relationship between the Public Health Operations Master Plan and the work of the Expert Panel
- ④ Discussion of key findings to guide the panel members' strategy development
- ④ Development of strategies Public Health – Seattle & King County should pursue to bring about an improvement in access to care for those who are uninsured and underinsured

By examining the fundamental factors in play with regard to access to care, the Expert Panel was able to identify a strategic direction for Public Health – Seattle & King County to follow. This direction, which incorporates the panel's findings, recommendations, and implementation approaches, will guide the department's access improvement efforts over the coming years.

Recommendations and Implementation Approaches

The Expert Panel identified the following recommendations for Public Health - Seattle & King County to pursue in order to improve access to quality health care for uninsured and underinsured children and adults in King County.

Recommendation #1



Establish an Ongoing Health Care Access and Capacity Assessment

Expert Panel Finding: Information on current access and health care system capacity is limited, particularly for subpopulations and sub-regions within the County. Public Health - Seattle & King County needs more complete and detailed information on the current situation and a careful analysis of projected future trends in order to make good decisions about how to more effectively improve access for uninsured and underinsured populations. Given the rapid rate of change in the health care field, this assessment process should be followed up with periodic surveys to assess the state of the health care system's "vital signs."

Public Health – Seattle & King County should establish an ongoing Health Care Access and Capacity Assessment process to collect critical information that will guide planning efforts to improve access to quality care for the uninsured and underinsured.

During implementation of this recommendation, Public Health - Seattle & King County should collaborate with safety net partners and other providers, including community health clinics, mental health centers, drug and alcohol facilities, pharmacies, hospitals, private providers, payors, and community organizations.

The assessment should consider current access and capacity issues as well as project the financial and service delivery impacts of the Governor's stated commitment to expand coverage to all those who are currently uninsured and underinsured. (More information on the Governor's Blue Ribbon Commission recommendations follows on page 9.) In addition, given the differences in geographic regions within King County, the assessment process should include sub-regional geographic analysis.

The major components of the health care access and capacity assessment should include:

- ④ Analysis of the current profile of uninsured and underinsured populations, e.g., the proportion that fall into the population groups identified by the Expert Panel (children and adults with mental illnesses who are enrolled in the mental health system and likely on Medicaid, children and adults with mental illnesses who are not enrolled in the mental health system, the working poor, undocumented individuals, all uninsured and underinsured children and adults, and children and adults who are eligible but not enrolled in insurance)
- ④ Projections of the future profiles of the sub-regional populations -- based on the potential implementation of expanded State coverage, these projections should address issues such as the extent of coverage for newly-insured populations, the coverage status of undocumented individuals, etc.
- ④ Assessment of the health care system's current and future capacity; this assessment should look at the ability of all segments of the health care system (primary care, including medical, dental, and behavioral health; preventive services; specialty care; and hospitals) to serve the population that is currently covered as well as to handle the additional volume of people who will be covered if the State dramatically expands coverage by 2012
- ④ Analysis of the transportation challenges and realities which make it difficult for individuals and families to obtain health care
- ④ Evaluation of the functionality of system connections, including information transfer, coordination of care, and referrals among primary care, specialty care, and hospital care -- this analysis will be essential in ensuring that the system is capable of providing coordinated quality care, both now and in the future

Implementation Approach

Technical Assistance Resources

Public Health - Seattle & King County should call on a variety of organizations and individuals to assist in the completion of the Health Care Access and Capacity Assessment. These organizations and individuals can provide data as well as potentially contribute their expertise in assessment, data collection and analysis, capacity mapping, system design, and system financing. In addition, those providing technical assistance will be helpful in increasing the level of understanding regarding the access and capacity issues facing sub-regions and populations in King County.

A list of potential organizations and the types of data they may be able to contribute to the health care access and capacity assessment process appears in Appendix II.

Recommendation #2



Develop an Access and Capacity Improvement Strategy

Expert Panel Finding: Public Health - Seattle & King County will most effectively work toward its goal of improving access and capacity by designing strategies in partnership with other community organizations that have expertise, interest, and capacity in health and human services.

Public Health - Seattle & King County should convene a group to work collaboratively to develop a vision for a high quality, cost effective system. The groups should establish priorities and develop strategies to improve both the capacity of the health care system and the ability of uninsured and underinsured children and adults to access that care.

The group should include safety net partners and providers, including community health clinics, mental health agencies, substance abuse providers, hospitals, consumers, private providers, and community organizations.

The focus of the Access and Capacity Improvement Strategy effort should include the following:

- ④ Creation of a system vision that utilizes knowledge and leverages resources to achieve improved health care results and increased cost effectiveness
- ④ Identification of system improvement strategies that will build connections and close identified gaps among primary care providers (medical, dental, and behavioral health), including electronic information-sharing, referral agreements, and co-location opportunities
- ④ Formulation of approaches that will involve the broader safety net providers in prevention activities
- ④ Development of system-level financial and service delivery incentives that will encourage specialty providers to offer services to children and adults who are uninsured or underinsured
- ④ Articulation of the role Public Health - Seattle & King County can play in the planning and provision of health care services in King County

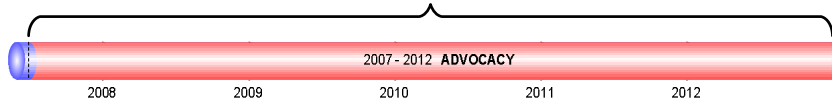
Implementation Approach

Health Care Access and Capacity Improvement Strategy Leadership Group

The individuals and organizations represented on this leadership group will use the assessment described in Recommendation #1 to assist Public Health - Seattle & King County in developing strategies to improve the capacity of the region's health care system and enhance access to care for uninsured and underinsured individuals.

Ideas for systems that would be strong contributors to the development of the access and capacity strategies appear in Appendix III.

Recommendation #3



Pursue All Promising Avenues to Increase Health Care Coverage for King County Residents

Expert Panel Finding: The Governor's Blue Ribbon Commission has put forth a set of recommendations that will, when implemented, significantly increase access to health care in King County. King County should work collaboratively with the Governor's Office and local health care organizations to achieve passage of these recommendations. However, implementation of these recommendations is at least five years away; local efforts to increase coverage should continue during the interim.

Public Health - Seattle & King County should join forces with local, state, and national coalitions to bring about immediate improvements in health care coverage for local children and adults.

Likely coalitions for collaborative action include those working on behalf of children, veterans, the homeless, people with serious mental illnesses, and the working poor. In addition, this collaborative effort should include businesses, health plans, health care consumers, and health care providers. By working collaboratively with other groups, Public Health - Seattle & King County will be more likely to bring about significant changes in the health care system.

While additional advocacy opportunities to improve coverage for uninsured and underinsured children and adults will appear, the issues below are worthy of immediate attention.

Washington's Blue Ribbon Commission on Health Care Costs and Access

In 2006, a Blue Ribbon Commission convened by the Governor recommended that the State significantly expand its role in providing health insurance coverage. The Blue Ribbon Commission's recommendations for the State include:

- ④ Provision of access to health care coverage for all Washingtonians by 2012 (children will be covered by 2010)
- ④ Implementation of a Healthy Insurance Connector to maintain health insurance for individuals when they change jobs
- ④ Extension of health care coverage for dependents up to age 25
- ④ Partnership with the federal government to expand coverage in Medicaid and the Basic Health Plan
- ④ Piloting of Health Opportunity Accounts

Implementation of the Commission's recommendations would result in a dramatic improvement in access to health care for the residents of King County. However, ensuring that these recommendations come to pass will require a significant level of support and advocacy. The Expert Panel believes the State's initiatives provide key opportunities and an important context for the Panel's recommendations. The panelist concur that financing health insurance coverage for uninsured populations is a State role and one that the Governor is treating as a high priority.

The Expert Panel urges the County to advocate that the State continue to expand insurance coverage and implement the Blue Ribbon Commission recommendations.

State of Washington Mental Health System Transformation Initiatives

The State of Washington is currently undertaking a broad set of initiatives to transform the mental health system. One of these initiatives, currently in the early stages of discussion, aims to redesign the structure of benefits in order to bring together mental health and primary care services. Local implementation of system transformation efforts will be led by the King County Community and Human Services Department.

The Expert Panel recommends that Public Health – Seattle & King County actively participate in and support this work.

King County Children's Health Initiative

Public Health – Seattle & King County is currently implementing an initiative to expand access to health care for uninsured children. The first component of the initiative is continued advocacy for the State to meet the goal of covering all children by 2010. At present, Public Health - Seattle & King County is also implementing the second component of the initiative, which focuses on identifying and enrolling children who are eligible for existing health insurance programs, e.g., Medicaid and the Basic Health Plan. Despite their uninsured status, many of these children are receiving care through the community health centers and Public Health – Seattle & King County clinics. However, as this care is uncompensated, it is placing an enormous financial strain on these organizations.

In addition to enrollment, Public Health – Seattle & King County is working with private sector partners to design and implement pilot projects to enhance system capacity and improve access to services for children. These pilot projects will focus on three areas: oral health, online enrollment, and behavioral health.

The Expert Panel recommends that Public Health – Seattle & King County continue its leadership of the Children’s Health Initiative: the advocacy work; the enrollment of eligible children; and the design, implementation, and evaluation of pilot projects.

Additional Actions to Increase Access to Care

The Expert Panel identified a number of other advocacy issues that are critical to increasing access to health care for those who are uninsured and underinsured. Actions to achieve the successful implementation of the changes outlined below should begin immediately.

- ④ Enrollment of adults who are eligible for existing health insurance coverage, e.g., Medicaid, BHP (the children’s enrollment strategy is currently underway)
- ④ Allocation of sustainable funding for Project Access in Washington State (particularly King County Project Access)
- ④ Reauthorization of the State Children’s Health Insurance Program (SCHIP)
- ④ Use of employee health insurance provision as a rating criterion for bids on King County contracts
- ④ Advocacy for increased Medicaid reimbursement rates

Implementation Approach

Health Care Coverage Advocacy

Public Health - Seattle & King County should work with the coalitions and organizations engaged in advocating for improved access to health care, including:

- ④ Children’s Health Initiative
- ④ Veteran Health Administration
- ④ King County Mental Health
- ④ King County Committee to End Homelessness
- ④ Washington State Hospital Association
- ④ Washington State Medical Association
- ④ Washington State Nursing Association
- ④ The Greater Seattle Chamber of Commerce
- ④ Business Sponsors of the Puget Sound Health Alliance
- ④ King County Veterans Program

Next Steps

The Expert Panel has laid out an ambitious set of recommendations for Public Health – Seattle & King County to achieve. The immediate implementation of Recommendation #1 is essential to develop the in-depth knowledge and community-wide collaboration necessary to make significant improvements in the health care system.

Once the efforts on Recommendation #1 have produced sufficient information to inform strategy development, Public Health – Seattle & King County should convene the stakeholders to begin designing these access and capacity initiatives.

In addition, Recommendation #3 is ripe for action. Joining forces with other coalitions that are working on similar issues will increase the likelihood of bringing about improvements in access and capacity prior to the major expansion in coverage recommended by the Governor’s Blue Ribbon Commission.

Appendix I

The Expert Panel identified the key sub-populations who are either without health insurance or who have inadequate insurance. For each of these populations, the group discussed the key barriers to health care access, potential strategies to address the barriers, and potential roles Public Health – Seattle & King County could play. The following matrix shows the key subpopulations, barriers, strategies, and potential roles for Public Health – Seattle & King County.

Sub-populations and System Change Examples

Sub-Population	Estimated Pop Size	Reasons for Access Limitations	Examples of System Change Levers	Public Health Roles
<i>Children and adults with mental illnesses (including those with co-occurring chemical dependencies) – eligible for and enrolled in King County mental health system. Most have Medicaid.</i>	<i>Approximately 9,200 children and 26,000 adults</i>	<i>Fragmentation between mental health, chemical dependency, and health care systems (including dental care)</i>	<i>Redesign primary care, dental care, and behavioral health practice models to integrate clinical services through combination of clinical, structural, and financing changes</i>	<i>Co-Convener with County Human Services and United Way Administrator, Provider, and Funder</i>
			<i>Increase role of other safety net sectors in connecting consumers to primary care, dental care, and behavioral health services (e.g., food banks, shelters, etc.)</i>	<i>Co-Convener with County Human Services and United Way</i>
		<i>Low Medicaid reimbursement rates for health care and dental care</i>	<i>Obtain sustainable state and federal financing for Medicaid</i>	<i>Advocate</i>
<i>People with mental illnesses (including those with co-occurring chemical dependencies) – NOT eligible for King County mental health system and therefore not enrolled in Medicaid through the County, includes individuals with other types of insurance, e.g., those on GAU covered by the Community Health Plan. Also to be addressed are uninsured persons seen at Community Health Centers, uninsured persons presenting at hospital emergency departments, and prior military personnel not covered by VA benefits.</i>	<i>Unknown, but best estimate is approximately 11,000 children and 37,000 adults</i>	<i>Fragmentation between mental health, chemical dependency, and health care systems (including dental care)</i>	<i>Redesign primary care, behavioral health, and dental care practice models to integrate clinical services through combination of clinical, structural, and financing changes</i>	<i>Co-Convener with County Human Services and United Way Funder</i>

Sub-populations and System Change Examples

Sub-Population	Estimated Pop Size	Reasons for Access Limitations	Examples of System Change Levers	Public Health Roles
		<i>Lack of state funding for Basic Health Plan (BHP)</i>	<i>Increase Basic Health Plan slots</i>	<i>Advocate</i>
		<i>Lack of outreach/enrollment assistance for eligible people for available BHP slots</i>	<i>Implement outreach/enrollment capacity in multiple safety net sectors, e.g., affordable housing, food banks, etc.</i>	<i>Co-Convener with County Human Services and United Way</i> <i>Funder</i>
<i>Working Poor</i>	<i>7% of King County residents: approximately 127,800</i>	<i>Employer does not provide health insurance or individuals cannot afford to purchase the insurance made available by their employer</i>	<i>Implement system-level incentives to increase employer health insurance for low-wage workers, e.g., voluntary subsidies to small businesses (either all or target those that are pay low wages, are seasonal, or part-time)</i>	<i>Advocate</i>
			<i>Subsidize premiums for individuals with high expected or actual medical costs through Washington State Health Insurance Pool</i>	<i>Advocate</i>
		<i>Employee's wages insufficient to enable self-insurance</i>	<i>Implement financial incentives for individual to purchase insurance (tax credits, vouchers, other subsidies)</i>	<i>Advocate</i>
		<i>Lack of available slots in Basic Health Plan</i>	<i>Increase BHP slots</i>	<i>Advocate</i>
		<i>Lack of insurance during job transitions</i>	<i>Subsidize COBRA premiums for individuals and families during job changes</i>	<i>Advocate</i>

Sub-populations and System Change Examples

Sub-Population	Estimated Pop Size	Reasons for Access Limitations	Examples of System Change Levers	Public Health Roles
		<i>Lack access to specialty care (medical and surgical)</i>	<i>Redesign financing model</i>	<i>Convener with health care sector Partner with King County project Access, PHPDA, CHC/PSNHC/PH Clinics</i>
			<i>Encourage private sector to provide specialty care by assisting with case management and/or paperwork</i>	<i>Convener with health care sector Partner with King County project Access, PHPDA, CHC/PSNHC/PH Clinics to design a workable specialty referral process (and to recruit physicians to voluntarily provide care free of charge)</i>
<i>Undocumented individuals (working and non-working)</i>		<i>Medicaid restrictions due to lack of citizenship</i>	<i>Improve outreach at safety net health care sites and at community organizations where such individuals gather</i>	<i>Provider Administrator</i>
		<i>Language barriers</i>	<i>Improve interpretation and translation services</i>	
<i>All Under/Uninsured</i>	<i>178,000 uninsured adults 18-64 63,000 Medicaid Others with inadequate insurance</i>	<i>Provider reimbursement is inadequate</i>	<i>Create matching fund program to cover care among participating health care and dental providers</i>	<i>Advocate</i>
			<i>Create uncompensated care pools to enhance revenues for medical and dental providers disproportionately serving uninsured clients (either internal financing with pooled hospital charity care resources or external funding such as dedicated tax revenue distributed based on care to uninsured)</i>	<i>Advocate for state-level program Funder for county-level program</i>

Sub-populations and System Change Examples

Sub-Population	Estimated Pop Size	Reasons for Access Limitations	Examples of System Change Levers	Public Health Roles
			Create tax credit for non-profit hospitals serving the uninsured	Advocate for state-level program
		Inability to purchase minimal insurance	Universal catastrophic coverage	Advocate
		Lack access to specialty care (medical and surgical)	Redesign financing model	Convener with health care sector
			Encourage private sector to provide specialty care by assisting with case management and/or paperwork	Convener with health care sector
			Encourage private sector to provide dental care by assisting with case management and/or paperwork	Convener with dental sector
		Less than optimal efficiency of operations at safety net health care centers	Implement state-of-the art electronic medical records and practice management technologies (similar to Oregon Community Health Information Network and San Diego Wireless System)	Advocate Partner
			Build local constituency for improved health care services, including employers, local governments, school districts, etc.	Convener
All children without health care coverage	14,900	Lack of Basic Health Plan and Medicaid funding	Outreach and enrollment in eligible programs	Convener, funder, and implementer

Appendix II

Potential Systems and Organizations to Assist in the Establishment of an Ongoing Health Care Access and Capacity Assessment

System/Organization	Data Sources
Public Health - Seattle & King County	<i>Health care system, assessment processes, primary care provision</i>
Local jurisdictions (e.g., City of Bellevue, City of Kent)	<i>Sub-regional trends, access, resources, gaps</i>
King County Community & Human Services	<i>Behavioral health, broader safety net issues and services, developmental disabilities, veterans services</i>
United Way	<i>Broader safety net, resource issues</i>
State of Washington <ul style="list-style-type: none"> Health Care Authority Health Resource Services Admin Department of Health Office of the Insurance Commissioner Office of Financial Management 	<i>Insurance coverage, including Medicaid, BHP, children's programs</i> <i>Strategies for enhancing capacity</i>
Health Care System <ul style="list-style-type: none"> Primary care (including medical care, dental care, behavioral health), specialty, hospital representatives Puget Sound Health Alliance Health Plans VA Puget Sound Health Care System 	<i>Current capacity and service delivery approaches for publicly-funded and privately-financed systems</i> <i>Emergency room data</i>
University of Washington <ul style="list-style-type: none"> School of Public Health and Community Medicine School of Medicine School of Dentistry 	<i>Role of health care systems in addressing access challenges</i> <i>Access issues for different populations</i>
King County's criminal justice system	<i>Health access issues for incarcerated individuals and those leaving criminal justice facilities</i>
Puget Sound Educational Service District Seattle School District	<i>Access issues impacting school- age children, health care services provided by schools</i>
Employers	<i>Workforce health issues and risks, access and insurance</i>
Sound Transit Puget Sound Regional Council	<i>Patterns in transportation, place of residence, access to care</i>
Private foundations <ul style="list-style-type: none"> Washington Dental Foundation 	<i>Current capacity, financing</i>

Appendix III

Potential Systems and Organizations to Assist in the Development of Strategies to Improve Access and Capacity

System/Organization	Resources and Expertise
Public Health – Seattle & King County	<i>Health care system, assessment processes, primary care provision</i>
King County Community and Human Services	<i>Behavioral health, broader safety net issues and services, developmental disabilities, veterans services</i>
United Way	<i>Broader safety net, resource issues</i>
State of Washington <ul style="list-style-type: none"> ▪ <i>Department of Health</i> ▪ <i>Health Care Authority</i> ▪ <i>Health Resource Services Admin (?)</i> ▪ <i>Office of Financial Management</i> 	<i>Insurance coverage, including Medicaid, BHP, children's programs</i> <i>Strategies for enhancing capacity</i>
Health Care System <ul style="list-style-type: none"> ▪ <i>Primary care (including medical care, dental care, behavioral health), specialty, hospital representatives</i> ▪ <i>Pacific Hospital Preservation & Development Authority (PHPDA)-for specialty access</i> ▪ <i>King County Project Access</i> ▪ <i>Puget Sound Health Alliance</i> ▪ <i>Health Plans</i> ▪ <i>Veterans Administration</i> 	<i>Current capacity and service delivery approaches</i>
University of Washington <ul style="list-style-type: none"> ▪ <i>Schools of Public Health and Community Medicine, Dentistry, and Nursing</i> 	<i>Health care systems</i> <i>Access issues</i>
<i>Health care consumers</i>	<i>Patterns of access, needs, gaps</i>

